

## HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: http://www.honolulu.gov/ethics/

## 2019 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

THIS SPACE FOR OFFICE USE ONLY

HONOLULU ETHICS COMMISSION RECEIVED

81.11.19

'19 AUG 30 P3:01

PART I LOBBYIST				
NAME (Last) (First) (Middle)		**************************************		
Pavlicek, Melissa, T				
LOBBYIST FIRM/EMPLOYER (If applicable Hawaii Public Policy Advocates LLC	)	TELEPHONE 808-447-1840		1000
MAILING ADDRESS (No. and Street or	P.O Box)	FAX		
1099 Alakea Street, Suite 2530		EMAIL mpavi	icek@hawa	alipublicpolicy.com
(City) Honolulu	(State)	(Zip Code)	813	
PART II.A ORGANIZATION				
NAME OF ORGANIZATION YOU LOBE	Y FOR (Do not abbreviate)	TELEPHONE		
Hawaii Helicopters Association	,	808-447-1840		ě
MAILING ADDRESS (No. and Street or	P.O. Box)	FAX		
1099 Alakea Street, Suite 2530		EMAIL mosyl	icek@hews	alipublicpolicy.com
(Cit.)	(Chaha)	Прач	Certainawe	inpublicpolicy.com
(City) Honolulu	(State) HI	(Zip Code)	813	
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)	1		
10				☐ Not Applicable
METHODS USED BY MEMBERS TO N	IAKE POLICY DECISIONS	-		
Board action.			☐ Not Applicable	
PART II.B NO LONGER LO	BYING			
☐ I am no longer authorized to lobby	on behalf of the organization	in Part II.A	DATE	

NOTE: This is a public document.

PART III DESCRIPTIO	N OF SUBJE	CTS ON W	<b>VHICH</b>	YOU EXPECT TO LOBBY	
☐Business & Economic Development	□ Community			□Customer Services	
□Culture & Arts	□Housing	□Housing		□Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Hea	□Public Health, Safety & Welfare		□Tourism	
▼Transportation	□Zoning & P	□Zoning & Planning		□Specific Legislation: □Additional Sheet(s) Attached  Bill No(Year) Reso No Admin. Rule No Dept	
□Other (indicate below):					
PART IV LOBBYIST CI	ERTIFICATIO	N			
		IN.			
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE			Subscribed and sworn to before me		
			This 30 th day of august, 2019.  By: Venlyn Seiner  VENELYN DEINER  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS		
0 20 10		N	OTARY OR STA	ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS	
$\Omega - 50 - 10$					
9-30-19 DATE		N		ission expires: /2.23.2019	
	The state of the s	N	ly comm	ission expires: /2.23.2019	
DATE		_	ly comm		
PART V AUTHORIZAT	ION TO LOBE	- BY	ly comm	ission expires: /2.23.2019	
PART V AUTHORIZAT		- BY	JTHORI	ZING OFFICER OR PERSON	
PART V AUTHORIZATION NAME ustin Brooke		TITLE OF AL	JTHORI TED Pre	ZING OFFICER OR PERSON sident	
PART V AUTHORIZATION NAME ustin Brooke  NAME OF ORGANIZATION (if appraised in the licopter Association	vicabie)	TITLE OF AL	JTHORI TED Pre	ZING OFFICER OR PERSON sident	
PART V AUTHORIZAT  NAME ustin Brooke  NAME OF ORGANIZATION (if application)  MAILING ADDRESS (No. and Si	vicabie)	TITLE OF AL	JTHORI TED Pre	ZING OFFICER OR PERSON sident	
PART V AUTHORIZAT  NAME ustin Brooke  NAME OF ORGANIZATION (if application)  MAILING ADDRESS (No. and Si	treet or P.O Box)	TITLE OF AUREPRESEN	JTHORI TED Pre	ZING OFFICER OR PERSON sident  PHONE 808-447-1840	
PART V AUTHORIZAT  NAME ustin Brooke  NAME OF ORGANIZATION (if apple awaii Helicopter Association  MAILING ADDRESS (No. and SI 099 Alakea Street, Suite 2530	vicabie)	TITLE OF AUREPRESEN	JTHORI TED Pre	ZING OFFICER OR PERSON sident  EPHONE  808-447-1840  L 3620066 Phawaii helicoptes.com	
PART V AUTHORIZATION NAME ustin Brooke  NAME OF ORGANIZATION (if app awaii Helicopter Association  MAILING ADDRESS (No. and SI 099 Alakea Street, Suite 2530  City) Honolulu	treet or P.O Box)  (State)	TITLE OF AUREPRESENT	JTHORI TED Pre	ZING OFFICER OR PERSON sident  EPHONE 808-447-1840  L 38200ke & Hawaii helicopters.com jbrooke@hawaii-helicopters.com Code) 96813	
PART V AUTHORIZATION NAME Ustin Brooke  NAME OF ORGANIZATION (if approximately awaii Helicopter Association  MAILING ADDRESS (No. and SID99 Alakea Street, Suite 2530  City) Honolulu	treet or P.O Box)  (State)	TITLE OF AUREPRESENT	JTHORI TED Pre	ZING OFFICER OR PERSON sident  PHONE 808-447-1840  L Scroke P Hawaii helicopters.com jbrooke@nawell-helicopters.com Code) 96813 es on behalf of the undersigned.	
PART V AUTHORIZATION NAME ustin Brooke  NAME OF ORGANIZATION (if app awaii Helicopter Association  MAILING ADDRESS (No. and St 099 Alakea Street, Suite 2530  City) Honolulu  Thereby authorize the above-name	(State)  (State)  HI  med person to enga	TITLE OF AUREPRESENT	JTHORI TED Pre	ZING OFFICER OR PERSON sident  EPHONE 808-447-1840  L 38200ke & Hawaii helicopters.com jbrooke@hawaii-helicopters.com Code) 96813	
PART V AUTHORIZAT  NAME ustin Brooke  NAME OF ORGANIZATION (if appliawaii Helicopter Association  MAILING ADDRESS (No. and St. 099 Alakea Street, Suite 2530  (City) Honolulu  hereby authorize the above-name	(State)  (State)  HI  med person to enga	TITLE OF AUREPRESENT	JTHORI TED Pre	ZING OFFICER OR PERSON sident  EPHONE 808-447-1840  L 38200Ke P Hawaii he licepters.com jbrooke@hawaii-helicepters.com Code) 96813 es on behalf of the undersigned. 8   3 0   2019 (Date)  Doc Date: \$ 30.19 # Pages: A	
PART V AUTHORIZATION NAME ustin Brooke  NAME OF ORGANIZATION (if appliawaii Helicopter Association  MAILING ADDRESS (No. and Si 099 Alakea Street, Suite 2530  (City) Honolulu  hereby authorize the above-name Signature of Authorizing Officer	(State)  (State)  HI  ned person to engate  or Person Represe	TITLE OF AUREPRESENT	JTHORI TED Pres TELE FAX EMAI (Zip C	ZING OFFICER OR PERSON sident  EPHONE 808-447-1840  L 38200Ke P Hawaii he licenters.com ibrooke@hawaii-helicopters.com Code) 96813  es on behalf of the undersigned.  8   3 0   2019  (Date)  Doc Date: 8 30 19 # Pages: A Name: VENELYN DEINER First C	
PART V AUTHORIZATION NAME ustin Brooke  NAME OF ORGANIZATION (if application) lawaii Helicopter Association  MAILING ADDRESS (No. and SI 099 Alakea Street, Suite 2530	(State)  (State)  HI  ned person to engate  or Person Represe	TITLE OF AUREPRESENT	JTHORI TED Pres TELE FAX EMAI (Zip C	ZING OFFICER OR PERSON sident  EPHONE 808-447-1840  L 38200Ke P Hawaii he licenters.com ibrooke@hawaii-helicopters.com Code) 96813  es on behalf of the undersigned.  8   3 0   2019  (Date)  Doc Date: 8 30 19 # Pages: A Name: VENELYN DEINER First C	
PART V AUTHORIZATION NAME ustin Brooke  NAME OF ORGANIZATION (if appliawaii Helicopter Association  MAILING ADDRESS (No. and Si 099 Alakea Street, Suite 2530  (City) Honolulu  hereby authorize the above-name Signature of Authorizing Officer	(State)  (State)  HI  ned person to engate  or Person Represe	TITLE OF AUREPRESENT	JTHORI TED Pres TELE FAX EMAI (Zip C	ZING OFFICER OR PERSON sident  EPHONE 808-447-1840  L 38200Ke P Hawaii he licenters.com ibrooke@hawaii-helicopters.com Code) 96813  es on behalf of the undersigned.  8   3 0   2019  (Date)  Doc Date: 8 30 19 # Pages: A Name: VENELYN DEINER First C	